TC4300 7-21-00	1							·ARFWM	
For th	e vear	January 1 - December 31, 2000, or fiscal year beg	innina		, 2000,	ending		, 2001	
		Your first name and initial	Last na			<u> </u>	Your So	cial Security Number	
Use IDAHO label. Otherwise, please print									
		If a joint return, spouse's first name and initial Last name			Spouse's	's Social Security Number			
		e,							
		Address (number, street and apartment number)				A	IMPORTANT!		
or t	ype.						You must enter your SSN(s) above.		
		City, State and Zip Code				Full mont		Yourself	
		Decident Ideha Decident on Asti	Militam	Dutu Non	manialama (Idaho this		Spouse	
	ncy Sta		ve ivillitary	Duty Non	resident F	Part-Year Re	esident	Military Nonresiden	
	for your s			3		4 .		5 . 🗀	
		our tax preparer need Idaho income tax forms and in	etruction	s mailed to v	OU poyt year	chock the	hov		
ii yoc	i and y	(MUST MATCH FEDERAL RETURN)		ba. Yourse		ouse	DUX	Enter number of	
(0	1.	Single			If your parent of		alsa sar	boxes checked	
STATUS	2. <u> </u>	Married filing joint return (even if only one had income) Married filing separate return	\s\		you as a deper				
Ā	3. <u></u>	Enter spouse's SSN above		-	DO NOT check				
		and full name here.	XEMPTION	b. Number of	f your depende	nt children	from fed	deral form •	
FILING	4.	Head of household							
Ξ		Enter name of person who qualifies you.	_	c. Number of	f other depend	ents from fe	ederal fo	orm •	
ш	5.	Qualifying widow(er) with dependent child							
		Year spouse died: FLECTION CAMPAIGN FLIND Constitution	Dem <u>o</u> c	d. Add lines		Doform	Danu	ublican No specific part	
RE		1 of my income tax to go to the Idaho 7. Yourself 1	2 • [3 .	4 • 📮	Reform 5 •	6 · [ublican No specific part	
HERE		Campaign Fund (\$2 on joint return) 8. Spouse	- •		· · 🗀	·	•		
ES		ages, salaries, tips, etc. Attach Form(s) W-2				_	9	Idaho Amounts	
COPIES		xable interest income. Attach federal Schedule B if over \$				H	10	00	
						l l	11	00	
/-2	11. Dividend income. Attach federal Schedule B if over \$400.						12	00	
ATE W-2		siness income or (loss). Attach federal Schedule C or C-E2				L	13	00	
ΑTI		ipital gain or (loss). If required, attach federal Schedule D.					14	OC	
ST,	15. Ot	her gains or (losses). Attach federal Form 4797				• [15	OC	
픗	16. IR	A distributions (taxable amount)				·	16	00	
АТТАСН		nsions and annuities (taxable amount)				H	17	00	
F		nts, royalties, partnerships, S corporations, trusts, etc. A				- F	18	00	
		rm income or (loss). Attach federal Schedule F				- F	19	00	
HERE		nemployment compensation					20	00	
뷔		her income. List type and amount				·············•	21	00	
⊢		ADJUSTMENTS. See instructions, page 13.					22	00	
IEN		eductions for IRAs and medical savings accounts					23	oc	
X		oving expenses. Attach federal Form 3903 or 3903-F				L L	24	00	
PAYMENT		eductions for self-employment tax, health insurance and re				L	25	00	
		enalty on early withdrawal of savings				F	26	00	
АТТАСН		eductions for student loan interest and alimony paid				L	27	00	
. ~	00 T	OTAL AD HISTMENTS Add lines 22 through 27					20		
F	28. 10	OTAL ADJUSTMENTS. Add lines 23 through 27					28	00	

Paid preparer's signature

Address and phone number

Preparer's EIN, SSN, or PTIN

Within 180 days of receiving this return, the Idaho State Tax Commission may contact the paid preparer to discuss it.

Daytime phone

Your signature

Spouse's signature (if a joint return, BOTH MUST SIGN)

SIGN

HERE

20 10 10 10 10 10 10 10		Form 43 (TC43001	(2000) -2 7-21-00	Column A - To	tal	Column B - Idaho	
1985 1986 1987	٠,	4		20	00		
1985 1986 1987	ADDITIONS	3-1		- 			
1985 1986 1987		See				•	
1985 1986 1987		page	·			•	
State Income tax refund included in line 30, Column A 35 00 00 00 00 00 00 00							
25	TIONS					•	00
27			·				00
Social Socially and ralliosal benefits included in line 30. Column A. Second Socially and ralliosal benefits included in line 30. Column A. Second Socially and ralliosal benefits included in line 30. Column A. Second Social S			- Control of the cont			•	
42 College savings program 42 OU OU OU OU OU OU OU O		ю	·			•	100
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42 College savings program 42 20 30 00 00 00 00 00 0	BTR	age				•	
Add	SU		=				
Variety Vari							
45 TOTAL ADJUSTED INCOME. Subtract line 44 from line 33. 45						-	
Ac. Check Flage 65 or older			S .			•	
Standard Continue Stan							
Standard Podeutchins Attach federal Schedule A Federal limits apply 47 00 00 00 00 00 00 00						· —]
Property		Star					00
Sympto 100 1			uction 40 All state income taxes included on federal Schedule A. line 5	арріу	•	48	
Singlet Sing			La Subtract line 40 from line 47			49	
Single S	ω.	Pet	opie+7.				
Head of Head	5-18		igle: 51 Multiply \$2,800 by the number of exemptions claimed on line 6d.	=			00
New Head of Household: 53 daho percentage. Divide line 45, Column A. 53 \$6 54 54 54 54 54 54 54 5	.s	\$4,	,400	· · ·			00
Married filing Jointly Section	age	1	ad of 53 Idaho percentage. Divide line 45 Column B, by line 45 Column A				%
Married filling Separate Se	ee b		enoid:				00
Second S	Ň	Ψ0,					00
Number of Times Separately	ITS		ed filing F4 TAV from tables or rate schedule. See instructions, page 24				00
Number of Times Separately	RED	\$8,800 57. Income taxes paid to other states. Attach Form 39 & other state		return		57	00
Separately:	_	N 4 =! =	58 Credit for contributions to educational entities		•	58	00
Signature Sign	TAX	1	Su ming	Allowed		59	00
Oualifying Oua							00
Widowich 62. Natural resources conservation credit. 62. 00 63. Promoter-sponsored event credit. 62. 00 63. Promoter-sponsored event credit. 63. 00 64. 00 65. 00 65. 00 65. 00 65. 00 65. 00 65. 00 65. 00 65. 00 65. 00 65. 00 65. 00 00 66. 00 00 66. 00 00		Oual	Credit for production equipment using past consumer waste				00
10 10 10 10 10 10 10 10						62	00
100 100		\$7,	.350 63. Promoter-sponsored event credit			63	00
SECTION 1985			64. Credit for qualifying new employees. Attach Form 55			64	
66. Special fuels tax due. Attach Form 75. 66 00 00 00 00 00 00 0			65. Line 56 minus lines 57 through 64. If less than zero, enter zero.			65	
STAND Company Compan	·/›		66. Special fuels tax due. Attach Form 75.		•	66	
To a company of the construction of the constr	ΧE	œ	67. Sales/Use tax due on mail order, Internet, and other nontaxed purchases .			67	
To a company of the construction of the constr	₹ T	ee Je 1					
To a company of the construction of the constr	Ή	S pag	69. Permanent building fund. Check the box if you are receiving Idaho public a	ssistance payments.	. • 🔲	69 10	
To a company of the construction of the constr	OT				•		
TALL Grocery credit. Nonresidents do not qualify. See instructions, page 18. 74. Grocery credit. Nonresidents do not qualify. See instructions, page 18. 75. Maintaining a home for family member age 65 or older, or developmentally disabled. Attach Form 39. 76. Special fuels tax refund • Attach Form 75. 77. Idaho income tax withheld. Attach Form(s) W-2. 78. 2000 Form 51 payment(s) and amount applied from 1999 return 78. OO 79. TOTAL PAYMENTS AND OTHER CREDITS. Add lines 74 through 78. 79. OO 16 line 73 is more than line 79, GO TO LINE 80. If line 79 is more than line 73, GO TO LINE 83. 80. TAX DUE. Subtract line 79 from line 73. 81. Penalty • Interest from the due date • Enter total Check box if penalty is due to an ineligible withdrawal from an Idaho medical savings account. 82. TOTAL DUE. Add lines 80 and 81. 83. OVERPAID. Line 79 minus lines 73 and 81. 84. REFUND. Amount of line 83 to be refunded to you. 84. REFUND. Amount of line 83 to be refunded to you.			71 Lwich to donate to the Negroup Wildlife Corporation Final				
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